

## CONTINUING EDUCATION FORM FOR MARRIAGE AND FAMILY THERAPISTS

Please record your continuing education credit to renew your license. Return this form along with your renewal application and fee.

YOUR NAME:	LICENSE NUMBER:
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COURSE SPONSOR	COURSE NAME	DATE	CREDIT HOURS	GENERAL HOURS	ETHICS HOURS

TOTAL # OF GENERAL HOURS	TOTAL # OF HOURS IN ETHICS	GRAND TOTAL
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